

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

4. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services shall be reasonable.
- E. Cognitive Rehabilitation: Cognitive Rehabilitation services are those services furnished a patient which meet all of the following conditions:
1. The services shall be directly and specifically related to an active written treatment plan designed by the physician after any needed consultation with a clinical psychologist experienced in working with the neurologically impaired and licensed by the Board of Medicine;
 2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature, that the services can only be rendered after a neuropsychological evaluation administered by a clinical psychologist or physician experienced in the administration of neuropsychological assessments and licensed by the Board of Medicine and in accordance with a plan of care based on the findings of the neuropsychological evaluation;
 3. Cognitive rehabilitation therapy services may be provided by occupational therapists, speech-language pathologists, and psychologists who have experience in working with the neurologically impaired when provided under a plan recommended and coordinated by a physician or clinical psychologist licensed by the Board of Medicine;
 4. The cognitive rehabilitation services shall be an integrated part of the interdisciplinary patient care plan and shall relate to information processing deficits which are consequence of and related to a neurologic event;
 5. The services include activities to improve a variety of cognitive functions such as orientation, attention/concentration, reasoning, memory, discrimination and behavior; and
 6. The services shall be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis.
- F. Psychology: Psychology services are those services furnished a patient which meet all of the following conditions:
1. The services shall be directly and specifically related to an active written treatment plan ordered by a physician;

TN No. 95-04
 Supersedes
 TN No. 92-02

Approval Date OCT 16 1995

Effective Date 07-01-95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

b. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a qualified psychologist as required by state law, a licensed clinical social worker, a licensed professional counselor, or a licensed clinical nurse specialist-psychiatric;

c. The services shall be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency and duration of the services shall be reasonable.

7. Social work services are those services furnished a patient which meet all of the following conditions:

a. The services shall be directly and specifically related to an active written treatment plan ordered by a physician;

b. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a qualified social worker as required by state law;

c. The services shall be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and

d. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of practice; this includes the requirement that the amount, frequency and duration of the services shall be reasonable.

8. Recreational therapy are those services furnished a patient which meet all of the following conditions:

a. The services shall be directly and specifically related to an active written treatment plan ordered by a physician;

TN No.	99-02
Supersedes	
TN No.	98-01

Approval Date	JUN 10 1999	Effective Date	01/06/99
---------------	-------------	----------------	----------

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

- b. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services are performed as an integrated part of a comprehensive rehabilitation plan of care by a recreation therapist certified with the National Council for Therapeutic Recreation at the professional level:

TN No. 99-02
Supersedes
TN No. 98-01

Approval Date JUN 10 1999

Effective Date 01/06/99

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

3. The services shall be provided with the expectation, based on the assessment made by the physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and generally predictable period of time, or shall be necessary to the establishment of a safe and effective maintenance program required in connection with a specific diagnosis; and
4. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of practice; this includes the requirement that the amount, frequency, and duration of the services shall be reasonable.

I. Prosthetic/Orthotic Services

1. Prosthetic services furnished to a patient include prosthetic devices that replace all or part of an external body member, and services necessary to design the device, including measuring, fitting, and instructing the patient in its use;
2. Orthotic device services furnished to a patient include orthotic devices that support or align extremities to prevent or correct deformities, or improve functioning, and services necessary to design the device, including measuring, fitting and instructing the patient in its use; and
3. Maxillofacial Prosthetic and related dental services are those services that are specifically related to the improvement of oral function not to include routine oral and dental care.
4. The services shall be directly and specifically related to an active written treatment plan approved by a physician after consultation with a prosthetist, orthotist, or a licensed, board eligible prosthodontist, certified in Maxillofacial prosthetics.
5. The services shall be provided with the expectation, based on the assessment made by physician of the patient's rehabilitation potential, that the condition of the patient will improve significantly in a reasonable and predictable period of time, or shall be necessary to establish an improved functional state of maintenance.
6. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical and dental practice; this includes the requirement that the amount, frequency, and duration of the services be reasonable.

TN No. 93-23
 Supersedes
 TN No. 92-02

Approval Date 10-20-93Effective Date 09-01-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

12 VAC 30-60-130.

§9.0 Hospice services.

- A. Admission Criteria. 1. Service election. To be eligible for hospice coverage under Medicare or Medicaid, the recipient must be "terminally ill", defined as having a life expectancy of six months or less, and elect to receive hospice services rather than active treatment for the illness. Both the attending physician (if the individual has an attending physician) and the hospice medical director, or the attending physician and the physician member of the interdisciplinary team, must initially certify the life expectancy. The election statement must include (i) identification of the hospice that will provide care to the individual; (ii) the individual's or representative's acknowledgement that he has been given a full understanding of the palliative rather than curative nature of hospice care as it relates to the individual's terminal illness; (iii) acknowledgement that certain Medicaid services are waived by the election; (iv) the effective date of the election, and (v) the signature of the individual or representative.
2. Service revocation. The recipient shall have the right to revoke his election of hospice services at any time during the covered hospice periods. DMAS must be contacted if the recipient revokes his hospices services. If the recipient re-elects the hospice services, the hospice periods will begin as an initial time frame. Therefore, the above certification and time requirements will apply. The recipient cannot retroactively receive hospice benefits from previously unused hospice periods. The recipient's written revocation statement must be maintained in the recipient's medical chart.
- B. General Conditions. The following general conditions apply to nursing care, medical social services, physician services, counseling services, short-term in-patient care, durable medical equipment and supplies, drugs and biologicals, home health aide and homemaker services and rehabilitation services.

The recipient must be under the care of a physician who is legally authorized to practice and who is acting within the scope of his or her license. The hospice medical director or the physician member of the interdisciplinary team must be a licensed doctor of medicine or osteopathy. Hospice services may be provided in the recipient's home, or in a freestanding hospice, hospital or nursing facility.

The hospice must obtain the written certification that an individual is terminally ill in accordance with the following procedures:

TN No.	<u>98-17</u>	Approval Date	<u>11/1/99</u>	Effective Date	<u>1/1/99</u>
Supersedes					
TN No.	<u>91-23</u>				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

1. For the initial 90-day benefit period of hospice coverage, a Medicaid written certification (DMAS 420) must be signed and dated by the medical director of the hospice or physician member of the hospice interdisciplinary group and attending physician, at the beginning of the certification period. This initial certification must be submitted for preauthorization within 14 days from the physician's signature date. This certification must be maintained in the recipient's medical record.
 2. For the subsequent 90-day hospice period, a Medicaid written certification (DMAS 420) must be signed and dated before or on the begin day of the 90 day hospice period by the medical director of the hospice or the physician member of the hospice's interdisciplinary group. The certification must include the statement that the recipient's medical prognosis is that his life expectancy is six months or less. This certification of continued need for hospice services must be maintained in the recipient's medical record.
 3. After the second 90 day hospice period and until the recipient is no longer in the Medicaid hospice program, a Medicaid written certification must be signed and dated every 60 days on or before the begin date of the 60 day period. This certification statement must be signed and dated by the medical director of the hospice or the physician member of the hospice's interdisciplinary group. The certification must include the statement that the recipient's medical prognosis is that his life expectancy is six months or less. This certification must be maintained in the recipient's medical chart.
- C. Utilization review. Authorization for hospice services requires an initial preauthorization by DMAS and physician certification of life expectancy. Utilization review will be conducted to determine if services were provided by the appropriate provider and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the recipients' medical records as having been rendered shall be deemed not to have been rendered and no coverage shall be provided. All hospice services shall be provided in accordance with guidelines established in the Virginia Medicaid Hospice Manual.
- D. Hospice services are a medically directed, interdisciplinary program of palliative services for terminally ill people and their families, emphasizing pain and symptom control. The rules pertaining to them are:

TN No. 98-17
 Supersedes
 TN No. 91-23

Approval Date 1/1/99Effective Date 1/1/99

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

1. **Nursing Care:** Nursing care must be provided by a registered nurse or by a licensed practical nurse under the supervision of a graduate of an approved school of professional nursing and who is licensed as a registered nurse.
2. **Medical Social Services:** Medical social services must be provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.
3. **Physician Services:** Physician services must be performed by a professional who is licensed to practice, who is acting within the scope of his or her license, and who is a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor. The hospice medical director or the physician member of the interdisciplinary team must be a licensed doctor of medicine or osteopathy.
4. **Counseling Services:** Counseling services must be provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training the individual's family or other caregiver to provide care, and for the purpose of helping the individual and those caring for him or her to adjust to the individual's approaching death. Bereavement counseling consists of counseling services provided to the individual's family up to one year after the individual's death. Bereavement counseling is a required hospice service, but it is not reimbursable.
5. **Short-term Inpatient Care:** Short-term inpatient care may be provided in a participating hospice inpatient unit, or a participating hospital or nursing facility. General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care may also be furnished to provide respite for the individual's family or other persons caring for the individual at home.
6. **Durable Medical Equipment and Supplies:** Durable medical equipment as well as other self-help and personal comfort items related to the palliation or management of the patient's terminal illness is covered. Medical supplies include those that are part of the written plan of care.

TN No.	98-17	Approval Date	1/1/99	Effective Date	1/1/99
Supersedes					
TN No.	91-23				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

7. Drugs and Biologicals: Only drugs which are used primarily for the relief of pain and symptom control are related to the individual's terminal illness are covered.
8. Home Health Aide and Homemaker Services: Home health aides providing services to hospice recipient's must meet the qualifications specified for home health aides by 42 CFR 484.36. Home health aides may provide personal care services. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing bed or light cleaning and laundering essential to the comfort and cleanliness of the patient. Homemaker services may include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care. Home health aide and homemaker services must be provided under the general supervision of a registered nurse.
9. Rehabilitation Services: Rehabilitation services include physical and occupational therapies and speech-language pathology services that are used for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.
10. Documentation of hospice services must be maintained in the recipient's medical chart. Coordination of patient care between all health care professionals should be maintained in the recipient's medical chart.

TN No. 98-17
Supersedes
TN No. 91-23

Approval Date 1/1/99

Effective Date 1/1/99

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

12 VAC 30-60-140.

§10.0 Community mental health services.

A. Utilization review general requirements.

1. On-site utilization reviews shall be conducted, at a minimum annually at each enrolled provider, by the state Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). During each on-site review, an appropriate sample of the provider's total Medicaid population will be selected for review. An expanded review shall be conducted if an appropriate number of exceptions or problems are identified.

B. The DMHMRSAS review shall include the following items:

1. medical or clinical necessity of the delivered service;
2. the admission to service and level of care was appropriate;
3. the services were provided by appropriately qualified individuals as defined in the Amount, Duration, and Scope of Services found in Attachment 3.1 A and B, Supplement 1 §13d Rehabilitative services;
4. delivered services as documented are consistent with recipients' Individual Service Plans, invoices submitted, and specified service limitations.

12 VAC 30-60-143.

C. Mental health services utilization criteria. Utilization reviews shall include determinations that providers meet all the requirements of Virginia state regulations found at VR 460-04-3.1100.

1. Day treatment/partial hospitalization services shall be provided following a diagnostic assessment when authorized by the physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or certified psychiatric nurse, and in accordance with an ISP which must be fully completed within 30 days of service initiation.
 - a. The provider of day treatment/partial hospitalization shall be licensed by DMHMRSAS.
 - b. The program must operate a minimum of two continuous hours in a

TN No. 97-02
Supersedes
TN No. 92-24

Approval Date JUL 9 1998

Effective Date 01-22-97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

STANDARDS ESTABLISHED AND METHODS USED TO ASSURE HIGH QUALITY OF CARE

24-hour period. One unit of service shall be defined as a minimum of two but less than four hours on a given day. Two units of service shall be defined as at least four but less than seven hours in a given day. Three units of service shall be defined as seven or more hours in a given day.

- c. Individuals shall be discharged from this service when they are no longer in an acute psychiatric state and/ or when other less intensive services may achieve stabilization. Admission and services longer than 90 calendar days must be authorized based upon a face-to-face evaluation by a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, or certified psychiatric nurse.
 - d. Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral or emotional illness which results in significant functional impairments in major life activities. Individuals must meet at least two of the following criteria on a continuing or intermittent basis:
 - (1) Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness because of conflicts with family or community.
 - (2) Require help in basic living skills such as maintaining personal hygiene, preparing food and maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized.
 - (3) Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.
 - (4) Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.
2. Psychosocial rehabilitation services shall be provided to those individuals who have experienced long term or repeated psychiatric hospitalization, or who lack daily living skills and interpersonal skills, or whose support system

TN No. 97-02
 Supersedes
 TN No. 91-08

Approval Date JUL 9 1998

Effective Date 01-22-97